



### **Health IT and ARRA Workshop: April 27, 1 – 4 p.m.**

Sponsored by the Vermont Office of Economic Stimulus and Recovery, and the Agency of Human Services, Office of Vermont Health Access, Health Care Reform Pavilion Building Auditorium, 109 State Street, Montpelier

### **Workshop Objectives**

- a. Ensure stakeholders' understanding of VT's strategic response to ARRA HIT funds:  
Coordinate, coordinate, and coordinate to enhance competitive edge
- b. Identify opportunities for Vermont providers, institutions, and organizations
- c. Assess applicant interest level, readiness
- d. Set the stage for coordination of updated statewide HIT plan and coordinated applications for funding

### **Agenda**

1. Welcome Tom Esvlin
2. Expectations from Vermont Office of Recovery Tom Esvlin, Jan Westervelt
  - a. Rationale for today and overall state coordination of ARRA applications
  - b. What has to happen to access ARAA funding
  - c. State of Vermont's role and expectations
3. Overview of ARRA Hunt Blair
  - a. Federal & State policy implications
  - b. Standards
  - c. Timelines
4. Vermont History & Current Context Margaret Ciechanowicz, Hunt Blair
  - a. Health Information Exchange
    - Interoperability
    - Privacy & Security
    - National connectivity
  - b. EHR System Development & Expansion
    - Readiness
    - Purchasing Options
    - Support
5. ARRA Funds for Health IT Jan Westervelt, Hunt Blair
- 15 Minute Break*
6. Identifying Opportunities & Coordination of Interested Applications Q&A, Breakouts
7. Next Steps, Coordination & Future Workgroups Tom Esvlin & Hunt Blair

## **Commonly Used Terms & Definitions:**

**Health Information Technology (HIT)** – the umbrella framework to describe the comprehensive management of health information and its secure exchange between consumers, providers, government and quality entities, and insurers. Health information technologies can also include tools that help individuals maintain their health through better management of their health information.

**Interoperable HIT** enables **Health Information Exchange (HIE)** - the mobilization of healthcare information electronically across organizations within a region or community. HIE provides the capability to electronically move clinical information among disparate health care information systems while maintaining the meaning of the information being exchanged. The goal of HIE is to facilitate access to and retrieval of clinical data to provide safer, more timely, efficient, effective, equitable, patient-centered care. HIE is also useful to Public Health authorities to assist in analyses of the health of the population. Formal organizations are now emerging to provide both form and function for health information exchange efforts. These organizations (often called Regional Health Information Organizations or RHIOs) are ordinarily geographically-defined entities which develop and manage a set of contractual conventions and terms, arrange for the means of electronic exchange of information, and develop and maintain HIE standards

**Electronic Medical Record (EMR)** - An electronic record of health-related information on an individual that can be created, gathered, managed, and consulted by authorized clinicians and staff *within one* health care organization.

**Electronic Health Record (EHR)** - An electronic record of health-related information on an individual that conforms to nationally recognized interoperability standards and that can be created, managed, and consulted by authorized clinicians and staff, *across more than one* health care organization.

**Personal Health Record (PHR)** - An electronic record of health-related information on an individual that conforms to nationally recognized interoperability standards and that can be drawn from multiple sources while being managed, shared, and controlled by the individual.

**Practice Management System** - An application used to manage the physician business operations including scheduling, registration, and billing.

**Computerized Provider Order Entry (CPOE)** – A computer application that allows a physician's orders for diagnostic and treatment services (such as medications, laboratory, and other tests) to be entered electronically instead of being recorded on order sheets or prescription pads. The computer compares the order against standards for dosing, checks for allergies or interactions with other medications, and warns the physician about potential problems.

**Decision-Support System (DSS)** - Computer tools or applications to assist physicians in clinical decisions by providing evidence-based knowledge in the context of patient specific data. Examples include drug interaction alerts at the time medication is prescribed and reminders for specific guideline-based interventions during the care of patients with chronic disease. Information should be presented in a patient-centric view of individual care and also in a population or aggregate view to support population management and quality improvement.

**Electronic Prescribing (eRx)** – A type of computer technology whereby physicians use handheld or personal computer devices to review drug and formulary coverage and to transmit prescriptions to a printer or to a local pharmacy. E-prescribing software can be integrated into existing clinical information systems to allow physician access to patient specific information to screen for drug interactions and allergies.

## **From HITECH Act Definitions Section:**

**Health Information Technology** - The term 'health information technology' means hardware, software, integrated technologies or related licenses, intellectual property, upgrades, or packaged solutions sold as services that are designed for or support the use by health care entities or patients for the electronic creation, maintenance, access, or exchange of health information.

**Certified EHR Technology** - The term 'certified EHR technology' means a qualified electronic health record that is certified pursuant to section 3001(c)(5) as meeting standards adopted under section 3004 that are applicable to the type of record involved (as determined by the Secretary, such as an ambulatory electronic health record for office-based physicians or an inpatient hospital electronic health record for hospitals).

**Qualified Electronic Health Record** - The term 'qualified electronic health record' means an electronic record of health-related information on an individual that (A) includes patient demographic and clinical health information, such as medical history and problem lists; and (B) has the capacity--

- (i) to provide clinical decision support;
- (ii) to support physician order entry;
- (iii) to capture and query information relevant to health care quality; and
- (iv) to exchange electronic health information with, and integrate such information from other sources.

## **Important Web Resources:**

Vermont's state Health Care Reform home page: <http://hcr.vermont.gov>

Vermont Information Technology Leaders: [www.vitl.net](http://www.vitl.net)

Office of the National Coordinator home page: <http://healthit.hhs.gov/>

Vermont Economic Stimulus and Recovery Office: <http://recovery.vermont.gov>

U.S. Government site for ARRA: [www.recovery.gov](http://www.recovery.gov)

HHS Overview of the Recovery Act: <http://www.hhs.gov/recovery/overview/index.html>

Link to ARRA Legislation Text PDF: [http://www.whitehouse.gov/the\\_press\\_office/ARRA\\_public\\_review/](http://www.whitehouse.gov/the_press_office/ARRA_public_review/)

## HEALTH IT Acronyms

AHIC	American Health Information Community
AHIMA	American Health Information Management Association
AHRQ	Agency for Healthcare Research and Quality
ANSI	American National Standards Institute
ASTHO	Association of State and Territorial Health Officials
BHIE	Bi-directional Health Information Exchange
BPM	Business Process Model
BSV	Biosurveillance
CC	Chronic Care
CDC	Centers for Disease Control & Prevention
CDISC	Clinical Data Interchange Standards Consortium
CHI	Consolidated Health Informatics
CCHIT	Certification Commission for Healthcare Information Technology
CDS	Clinical Decision Support
CHC	Community Health Centers
CIO	Chief Information Officer
CISO	Chief Information Security Officer
CMS	Centers for Medicare and Medicaid Services
CONNECT	NHIN gateway
CONOPS	Concept of Operations
COTS	Commercial Off-the-Shelf
CPRS	Computerized Patient Record System
CRM	Customer Relationship Management
DoD	Department of Defense
DURSA	Data use and reciprocal support agreement
EA	Enterprise Architecture
E-GOV	E-Government
EHR	Electronic Health Record
EHRVA	Electronic Health Record Vendors Association
FACA	Federal Advisory Committee Act
FAST	Federal Adoption of Standards for Health IT
FDA	Food and Drug Administration
FEA	Federal Enterprise Architecture
FHA	Federal Health Architecture
FHIPR	Federal Health Information Planning and Reporting
FHIE	Federal Health Information Sharing Environment
FHITSOP	Federal Health IT Standards Organization Participation
FSS	Federal Security Strategy
FSWG	Federal Security Work Group
FTF	Federal Transition Framework
HAF	Health Architect's Forum
HHS	Department of Health & Human Services
HI	Health Information
HIE	Health Information Exchange
HIMSS	Healthcare Information Management Systems Society
HIPAA	Health Insurance Portability and Accountability Act
HISB	Healthcare Informatics Standards Board
HISE	Health Information Sharing Environment
HISPC	Health Information Security and Privacy
HIT	Health Information Technology

HITPC	Health Information Technology Policy Council
HITSP	Health Information Technology Standards Panel
HL7	Health Level 7
HRSA	Health Resources and Services Administration
HSP	Health Information Service Provider
IFMC	Iowa Foundation for Medical Informatics
IHS	Indian Health Service
IOM	Institute of Medicine
IT	Information Technology
JCAHO	Joint Commission on Accreditation of Healthcare Organizations
LC	Leadership Council - FHA
MUA	Medically Underserved Areas
NAHIT	National Alliance for Health Information Technology; "The Alliance"
NCI	National Cancer Institute
NCSL	National Conference of State Legislatures
NCVHS	National Committee on Vital and Health Statistics
NGA	National Governors Association
NHIE	NHIN Health Information Exchange
NHIN	Nationwide Health Information Network
NIH	National Institutes of Health
NLM	National Library of Medicine
OHITA	Office of Health Information Technology Adoption
OIS	Office of Interoperability & Standards
OMB	Office of Management & Budget
ONC	Office of the National Coordinator (preferred abbreviation for ONCHIT)
ONCHIT	Office of the National Coordinator for Health Information Technology
OPC	Office of Programs & Coordination
OPR	Office of Policy & Research
PHC	Personalized Health Care
PHCCC	Population Health & Clinical Care Connections
PHR	Personal Health Record
PITAC	President's Information Technology Advisory Committee
PQRI	Physician Quality Reporting Initiative
PVRP	Physician Voluntary Reporting Program
RHIO	Regional Health Information Network
RPMS	Resource and Patient Management System
RTF	Review Task Force
SAMHSA	Substance Abuse and Mental Health Services Administration
SDO	Standards Development Organization
SDLC	Standards Development Lifecycle
SLHIE	State Level Health Information Exchange Consensus Project
SNOMED	Systematized Nomenclature of Medicine
SOA	Service Oriented Architecture
SSL	Secure Sockets Layer
TLS	Transport Layer Security
VHA	Veterans Health Administration
VistA	Veterans Health Information Systems and Technology Architecture

**Sections from H.444 AS PASSED BY HOUSE (“An act relating to health care reform”)**

**Implementing Health Care Provisions of the American Recovery and Reinvestment Act**

**Section 1:**

18 V.S.A. chapter 219 is added to read:

**CHAPTER 219. HEALTH INFORMATION TECHNOLOGY**

**§ 9351. HEALTH INFORMATION TECHNOLOGY PLAN**

(a) The secretary of administration or designee shall be responsible for the overall coordination of Vermont’s statewide health information technology plan. The secretary or designee shall administer and update the plan as needed, which shall include the implementation of an integrated electronic health information infrastructure for the sharing of electronic health information among health care facilities, health care professionals, public and private payers, and patients. The plan shall include standards and protocols designed to promote patient education, patient privacy, physician best practices, electronic connectivity to health care data, and, overall, a more efficient and less costly means of delivering quality health care in Vermont.

(b) The health information technology plan shall:

(1) support the effective, efficient, statewide use of electronic health information in patient care, health care policymaking, clinical research, health care financing, and continuous quality improvements;

(2) educate the general public and health care professionals about the value of an electronic health infrastructure for improving patient care;

(3) ensure the use of national standards for the development of an interoperable system, which shall include provisions relating to security, privacy, data content, structures and format, vocabulary, and transmission protocols;

(4) propose strategic investments in equipment and other infrastructure elements that will facilitate the ongoing development of a statewide infrastructure;

(5) recommend funding mechanisms for the ongoing development and maintenance costs of a statewide health information system, including funding options and an implementation strategy for a loan and grant program;

(6) incorporate the existing health care information technology initiatives to the extent feasible in order to avoid incompatible systems and duplicative efforts;

(7) integrate the information technology components of the Blueprint for Health established in chapter 13 of this title, the agency of human services’ enterprise master patient index, and all other Medicaid management information systems being developed by the office of Vermont health access, information technology components of the quality assurance system, the program to capitalize with loans and grants electronic medical record systems in primary care practices, and any other information technology initiatives coordinated by the secretary of administration pursuant to section 2222a of Title 3; and

(8) address issues related to data ownership, governance, and confidentiality and security of patient information.

(c) The secretary of administration or designee shall update the plan annually to reflect emerging technologies, the state’s changing needs, and such other areas as the secretary or designee deems appropriate. The secretary or designee shall solicit recommendations from Vermont Information

Technology Leaders, Inc. (VITL) and other entities in order to update the health information technology plan pursuant to this section, including applicable standards, protocols, and pilot programs, and may enter into a contract or grant agreement with VITL or other entities to update some or all of the plan. Upon approval by the secretary, the updated plan shall be distributed to the commission on health care reform; the commissioner of information and innovation; the commissioner of banking, insurance, securities, and health care administration; the director of the office of Vermont health access; the secretary of human services; the commissioner of health; the commissioner of mental health; the commissioner of disabilities, aging, and independent living; the senate committee on health and welfare; the house committee on health care; affected parties; and interested stakeholders.

(d) The health information technology plan shall serve as the framework within which the commissioner of banking, insurance, securities, and health care administration reviews certificate of need applications for information technology under section 9440b of this title. In addition, the commissioner of information and innovation shall use the health information technology plan as the basis for independent review of state information technology procurements.

(e) The privacy standards and protocols developed in the statewide health information technology plan shall be no less stringent than applicable federal and state guidelines, including the “Standards for Privacy of Individually Identifiable Health Information” established under the Health Insurance Portability and Accountability Act of 1996 and contained in 45 C.F.R., Parts 160 and 164, and any subsequent amendments, and the privacy provisions established under Subtitle D of Title XIII of Division A of the American Recovery and Reinvestment Act of 2009, Public Law 111-5, sections 13400 et seq. The standards and protocols shall require that access to individually identifiable health information is secure and traceable by an electronic audit trail.

(f) Qualified applicants may seek grants to invest in the infrastructure necessary to allow for and promote the electronic exchange and use of health information from federal agencies, including the Office of the National Coordinator for Health Information Technology, the Health Resources and Services Administration, the Agency for Healthcare Research and Quality, the Centers for Medicare and Medicaid Services, the Centers for Disease Control and Prevention, the U.S. Department of Agriculture, and the Federal Communications Commission. The secretary of administration or designee shall require applicants for grants authorized pursuant to Section 13301 of Title XXX of Division A of the American Recovery and Reinvestment Act of 2009, Public Law 111-5, to submit the application for state review pursuant to the process established in federal Executive Order 12372, Intergovernmental Review of Federal Programs. Grant applications shall be consistent with the goals outlined in the strategic plan developed by the Office of the National Coordinator for Health Information Technology and the statewide health information technology plan.

## § 9352. VERMONT INFORMATION TECHNOLOGY LEADERS

(a) Governance. The general assembly and the governor shall each appoint one representative to the Vermont Information Technology Leaders, Inc. (VITL) board of directors.

(b) Conflict of interest. In carrying out their responsibilities under this section, directors of VITL shall be subject to conflict of interest policies established by the secretary of administration to ensure that deliberations and decisions are fair and equitable.

(c) Health information exchange operation. VITL shall be designated in the health information technology plan pursuant to section 9351 of this title to operate the exclusive statewide health information exchange network for this state. Nothing in this chapter shall impede local community providers from the exchange of electronic medical data.

(d) Privacy. The standards and protocols implemented by VITL shall be consistent with those adopted by the statewide health information technology plan pursuant to subsection 9351(e) of this title.

(e) Report. No later than January 15 of each year, VITL shall file a report with the commission on health care reform; the secretary of administration; the commissioner of information and innovation; the commissioner of banking, insurance, securities, and health care administration; the director of the office of Vermont health access; the secretary of human services; the commissioner of health; the commissioner of mental health; the commissioner of disabilities, aging, and independent living; the senate committee on health and welfare; and the house committee on health care. The report shall include an assessment of progress in implementing health information technology in Vermont and recommendations for additional funding and legislation required. In addition, VITL shall publish minutes of VITL meetings and any other relevant information on a public website.

(f) Funding authorization. VITL is authorized to seek matching funds to assist with carrying out the purposes of this section. In addition, it may accept any and all donations, gifts, and grants of money, equipment, supplies, materials, and services from the federal or any local government, or any agency thereof, and from any person, firm, foundation, or corporation for any of its purposes and functions under this section and may receive and use the same, subject to the terms, conditions, and regulations governing such donations, gifts, and grants.

(g) Waivers. The secretary of administration or designee, in consultation with VITL, may seek any waivers of federal law, of rule, or of regulation that might assist with implementation of this section.

(h) Loan and grant programs. VITL shall solicit recommendations from the secretary of administration or designee, health insurers, the Vermont Association of Hospitals & Health Systems, Inc., the Vermont Medical Society, Bi-State Primary Care Association, the Council of Developmental and Mental Health Services, the Behavioral Health Network, the Vermont Health Care Association, the Vermont Assembly of Home Health Agencies, other health professional associations, and appropriate departments and agencies of state government, in establishing a financing program, including loans and grants, to provide electronic health records systems to providers, with priority given to Blueprint communities and primary care practices serving low income Vermonters. Health information technology systems acquired under a grant or loan authorized by this section shall comply with data standards for interoperability adopted by VITL and the state health information technology plan. An implementation plan for this loan and grant program shall be incorporated into the state health information technology plan.

(i) Certification of meaningful use. To the extent necessary or required by federal law, VITL shall be authorized to certify the meaningful use of health information technology and electronic health records by health care providers licensed in Vermont.

(j) Scope of activities. VITL and any person who serves as a member, director, officer, or employee of VITL with or without compensation shall not be considered a health care provider as defined in subdivision 9432(8) of this title for purposes of any action taken in good faith pursuant to or in reliance upon provisions of this section relating to VITL's:



- (1) Governance;
- (2) Electronic exchange of health information and operation of the statewide health information exchange network;
- (3) Implementation of privacy provisions;
- (4) Funding authority;
- (5) Application for waivers of federal law;
- (6) Establishment and operation of a financing program providing electronic health records systems to providers; or
- (7) Certification of health care providers' meaningful use of health information technology.

## **Section 8:**

### **HEALTH INFORMATION TECHNOLOGY PLANNING AND IMPLEMENTATION GRANTS**

(a) The secretary of administration or designee shall apply to the Secretary of Health and Human Services for an implementation grant to facilitate and expand the electronic movement and use of health information among organizations according to nationally recognized standards and implementation specifications. As part of the grant application, the secretary or designee shall submit a plan, which may include some or all of the elements of the plan administered by the secretary or designee pursuant to section 9351 of Title 18, and which shall:

- (1) Be pursued in the public interest;
- (2) Be consistent with the strategic plan developed by the National Coordinator of Health Information Technology;
- (3) Include a description of the ways in which the state will carry out the activities described in the application for the planning grant under subsection (c) of this section; and
- (4) Contain such elements as the Secretary of Health and Human Services may require.

(b) Funds received pursuant to an implementation grant under subsection (a) of this section shall be used to conduct activities, including:

- (1) Enhancing broad and varied participation in the authorized and secure nationwide electronic use and exchange of health information;
- (2) Identifying state or local resources available toward a nationwide effort to promote health information technology;
- (3) Complementing other federal grants, programs, and efforts toward the promotion of health information technology;
- (4) Providing technical assistance for the development and dissemination of solutions to barriers to the exchange of electronic health information;
- (5) Promoting effective strategies to adopt and utilize health information technology in medically underserved areas;
- (6) Assisting patients in utilizing health information technology;
- (7) Providing education and technical assistance in the use of health information technology to clinicians and key practice support staff and encouraging clinicians to work with federally designated Health Information Technology Regional Extension Centers, to the extent that they are available and valuable;
- (8) Supporting public health and human service agencies' authorized use of and access to electronic health information;
- (9) Promoting the use of electronic health records for quality improvement, including through quality measures reporting; and
- (10) Such other activities as the Secretary of Health and Human Services or the National Coordinator of Health Information Technology may specify.

(c) The secretary of administration or designee shall apply to the Secretary of Health and Human Services, through the Office of the National Coordinator for Health Information Technology, for a grant to plan the activities described in subsection (b) of this section.

(d) In carrying out the activities funded by the planning and implementation grants, the state shall consult with and consider the recommendations of:

(1) Health care and human service providers, including those who provide services to low income and underserved populations;

(2) Health insurers;

(3) Patient or consumer organizations that represent the population to be served;

(4) Health information technology vendors;

(5) Health care purchasers and employers;

(6) All relevant state agencies, including the department of banking, insurance, securities, and health care administration; the department of information and innovation; and the agency of human services;

(7) Health profession schools, universities, and colleges;

(8) Clinical researchers;

(9) Other users of health information technology, such as health care providers' support and clerical staff and others involved in patient care and care coordination; and

(10) Such other entities as the Secretary of Health and Human Services determines appropriate.

(e) The secretary of administration or designee shall agree, as part of the grant application, to make available from the health IT-fund established under section 10301 of Title 32 nonfederal contributions, including in-kind contributions if appropriate, toward the costs of the implementation grant in an amount equal to:

(1) For fiscal year 2011, not less than \$1.00 for each \$10.00 of federal funds provided under the grant;

(2) For fiscal year 2012, not less than \$1.00 for each \$7.00 of federal funds provided under the grant;

(3) For fiscal year 2013 and each subsequent fiscal year, not less than \$1.00 for each \$3.00 of federal funds provided under the grant; and

(4) Before fiscal year 2011, such amounts, if any, as the Secretary of Human Services may determine to be required for receipt of federal funds under the grant.

## **Section 9:** 32 V.S.A. § 10301 is amended to read: § 10301. HEALTH IT-FUND

(a) The Vermont health IT-fund is established in the state treasury as a special fund to be a source of funding for medical health care information technology programs and initiatives such as those outlined in the Vermont health information technology plan administered by the Vermont Information Technology Leaders (VITL) secretary of administration or designee. One hundred percent of the fund shall be disbursed for the advancement of health information technology adoption and utilization in Vermont as appropriated by the general assembly, less any disbursements relating to the administration of the fund. The fund shall be used for loans and grants to health care providers pursuant to section 10302 of this chapter and for the development of programs and initiatives sponsored by VITL and state entities designed to promote and improve health care information technology, including:

(1) a program to provide electronic health information systems and practice management systems for primary health care and human service practitioners in Vermont;

(2) financial support for VITL to build and operate the health information exchange network;

- (3) implementation of the Blueprint for Health information technology initiatives, related public and mental health initiatives, and the advanced medical home and community care team project; and
- (4) consulting services for installation, integration, and clinical process re-engineering relating to the utilization of healthcare information technology such as electronic medical health records.

**Section 10:** 32 V.S.A. § 10302 is added to read:

**§ 10302. CERTIFIED ELECTRONIC HEALTH RECORD TECHNOLOGY LOAN FUND**

(a) Subject to the requirements set forth in subsection (d) of this section, the secretary of administration or designee shall establish a certified electronic health record technology loan fund (“loan fund”) within the health IT-fund for the purpose of receiving and disbursing funds from the Office of the National Coordinator of Health Information Technology for the loan program described in subsection (b) of this subsection.

(b) The secretary of administration or designee may apply to the Office of the National Coordinator of Health Information Technology for a grant to establish a loan program for health care providers to:

- (1) facilitate the purchase of electronic health record technology;
- (2) enhance the utilization of certified electronic health record technology, including costs associated with upgrading health information technology so that it meets criteria necessary to be a certified electronic health record technology;
- (3) train personnel in the use of electronic health record technology; or
- (4) improve the secure electronic exchange of health information.

(c) In addition to the application required by the National Coordinator, the secretary or designee shall also submit to the National Coordinator a strategic plan identifying the intended uses of the amounts available in the loan fund for a period of one year, including:

- (1) a list of the projects to be assisted through the loan fund during such year;
- (2) a description of the criteria and methods established for the distribution of funds from the loan fund during the year;
- (3) a description of the financial status of the loan fund as of the date of the submission of the plan; and
- (4) the short-term and long-term goals of the loan fund.

(d) Amounts deposited in the loan fund, including loan repayments and interest earned on such amounts, shall be used only as follows:

- (1) to award loans that comply with the following:
  - (A) the interest rate for each loan shall not exceed the market interest rate;
  - (B) the principal and interest payments on each loan shall commence no later than one year after the date the loan was awarded, and each loan shall be fully amortized no later than 10 years after the date of the loan; and
  - (C) the loan fund shall be credited with all payments of principal and interest on each loan awarded from the loan fund;
- (2) to guarantee, or purchase insurance for, a local obligation, all of the proceeds of which finance a project eligible for assistance under this subsection, if the guarantee or purchase would improve credit market access or reduce the interest rate applicable to the obligation involved;
- (3) as a source of revenue or security for the payment of principal and interest on revenue or general obligation bonds issued by the state if the proceeds of the sale of the bonds will be deposited into the loan fund;
- (4) to earn interest on the amounts deposited into the loan fund; and

(5) to make reimbursements described in subdivision (f)(1) of this section.

(e) The secretary of administration or designee may use annually no more than four percent of the grant funds to pay the reasonable costs of administering the loan programs pursuant to this section, including recovery of reasonable costs expended to establish the loan fund.

(f)(1) The loan fund may accept contributions from private sector entities, except that such entities may not specify the recipient or recipients of any loan issued under this subsection. The secretary or designee may agree to reimburse a private sector entity for any contribution to loan fund, provided that the amount of the reimbursement may not exceed the principal amount of the contribution made.  
(2) The secretary or designee shall make publicly available the identity of, and amount contributed by, any private sector entity and may issue to the entity letters of commendation or make other awards, provided such awards are of no financial value.

(g) The secretary of administration or designee shall agree, as part of the grant application, to make available from the health IT-fund established under section 10301 of Title 32 nonfederal cash contributions, including donations from public or private entities, toward the costs of the loan program in an amount equal to at least \$1.00 for every \$5.00 of federal funds provided under the grant.

#### **Section 11: LOANS TO DEVELOP CERTIFIED ELECTRONIC HEALTH RECORD PROGRAMS**

The secretary of administration or designee may contract with the Vermont Information Technology Leaders, Inc. or another entity to develop and administer a program making available to health care providers in this state low- or no-interest loans to pay the provider's up-front costs for implementing certified electronic health record programs, which loans shall be repaid upon the provider's receipt of federal Medicare or Medicaid incentive payments for adoption and meaningful use of certified electronic health record technology.

#### **Section 12: INFORMATION TECHNOLOGY PROFESSIONALS IN HEALTH CARE GRANTS**

The secretary of administration or designee shall convene a group of stakeholders representing the institutions of higher education in this state to evaluate federal grant opportunities available to establish or expand medical health informatics education programs for health care and information technology students to ensure the rapid and effective utilization of health information technologies. No later than November 15, 2009, the secretary or designee shall report to the commission on health care reform regarding the group's recommendations for maximizing the flow of federal funds into the state related to establishing or expanding medical health informatics education programs and its timeline for the anticipated activities of each institution of higher education relative to securing the federal funds.